## License Type: 34 One Day Beer & Wine License Nontransferable

LICENSE NO. 9547312

Receipt No.

2532608

Fee Paid

\$50.00

Geographical Code 1933

## APPLICATION:

Pursuant to the authority granted by the organization named below, the undersigned hereby applies for the above designated license(s) for the location also described below.

ORGANIZATION:

HOLLYWOOD FOREVER INC-ENDOWMENT CARE & MEMORIAL CARE

LOCATION ADDRESS:

5970 SANTA MONICA BLVD LOS ANGELES, CA 90038

TYPE OF EVENT:

CONCERT

HR/DATES DURING WHICH ALCOHOL WILL BE SOLD:

October 15, 2018

7:30PM-11PM

ESTIMATED ATTENDANCE:

295

AUTHORIZED REPRESENTATIVE / ADDRESS

JAY BOILEAU 5970 SANTA MONICA BLVD LOS ANGELES, CA 90038

## LICENSE:

The above-named organization is hereby licensed, pursuant to Section 24045.1 of the Business and Professions Code and Rule 59.5 of the California Code of Regulations, to engage in the temporary sale of alcoholic beverages for consumption at the above-named location for the period authorized below. This license does not include off-sale ("to-go") privileges. This license may be revoked summarily by the Department if, in the opinion of the Department and/or the local law enforcement agency, it is necessary to protect the safety, welfare, health, peace, and morals of the people of the State.



Good for 1 day(s). Date Issued October 11, 2018.

Director of Alcoholic Beverage Control

By fill

10.01.2018

ISSUANCE DATE

10/05/2018

DATE SIGNED

DAILY LICENSE ADDI IOATION/ALITHODIT	ATION A			Edmu	nd G. Brown Jr., Governor
Instructions: Complete all items. Submit to local ABC District Office with required fee (Cashier's Check or Money Order) payable to ABC. Once license is issued, fee cannot be refunded. For a listing of ABC District				ICENSE NUMBER	GEO CODE
Offices please visit http://www.abc.ca.gov/distmap.html  Pursuant to the authority granted by the organization named below, the undersigned hereby applies for the			ï	RECEIPT NUMBER	P. M. A.
license(s) described below.			1	S	
1. ORGANIZATION'S NAME Hollywood Forever Inc Endowment Care & Memorial C	are	CONDITIONS REQUIRED Yes	No	DIAGRAM REQUIRED Yes	No
2. LICENSE TYPE (Check appropriate license type AND org	anization type	e)	and the second		
a Daily General (\$25.00) (Includes beer, wine and					
Political Party/Affiliate Supporting Candidate for Public Office or Ballot Measure		Fraternal Organization in Existence Over Five Years with Regular Membership			
Organization Formed for Specific Charitable or Civic Purpose		Religious Organization			
Other:	Vessel per Section 24045.10 B&P (\$50.00)				
Other.					
Special Daily Beer (\$25.00)		& Wine (\$50.00)		Special Daily Wine (\$25.00)	
Charitable Fraternal Social Poli	tical	Other:			
<b>=</b> . <b>=</b> . <b>=</b>		Organization	, , , , , , , , , , , , , , , , , , , ,	NUMBER OF DISPENSING POINTS	
Civic	ateur Sports (	Organization		1	
c. Special Temporary License (\$100.00) (Diff	forent priviles	ges depending on sta	atuto)		
				0	0.015.0.00
Television Station per Section 24045.2 or 24045.9 B&P		Person conducting Estate Wine Sale per Section 24045.8 B&P			
Nonprofit Corporation per Sections 24045.4 and 24045.6 B&P		Women's Educational and Charitable Organization per Section 24045.3 B&P			
Other Special Temporary Licenses, per Section		Section 24045.	3 Dar		
License number	Amount \$	\$			
3. EVENT TYPE					
Dinner Dance Wedding Lunch	Picnic	Barbeque	Social	Sathering	Festival
Sports Event Concert Birthday Mixer	Carniva	Dinner Dance	Other:		
4. TOTAL # OF DAYS 5. ESTIMATED ATTENDANCE 6. HOURS OF	ALCOHOLIC BEV	ERAGE SALES, SERVICE AN	D/OR CONSUME		
1 295 From	7:30pm		То	11:00pm	
7. EVENT DATE(S)		B. EVENT IS OPEN TO THE			
Monday 10.15.2018		Yes	No		
<ol> <li>EVENT LOCATION (Give facility name, if any, street number and name, and city)</li> <li>The Masonic Lodge - 5970 Santa Monica Blv</li> </ol>	d Loc An	aclos CV 0003	22		
10. LOCATION IS WITHIN THE CITY LIMITS 11. TYPE OF ENTERTAINMENT	u, Los An	12. SECURITY GUARDS	00		
Yes No Music: THE LEMON	TWIGS	Yes	No	If yes, how r	many? 6
13. AUTHORIZED REPRESENTATIVE'S NAME				14. REPRESENTATIVE	S TELEPHONE NUMBER
Jay Boileau					
15. REPRESENTATIVE'S ADDRESS					1
6000 Santa Monica Blvd, Los Angeles, CA 90038					
16. ORGANIZATION'S MAILING ADDRESS (If different from #15 above)					
17. AUTHORIZED REPASSEN ATIVE'S SIGNATURE				18. DATE SIGNED	
NV				10.01.2018	
PROPERTY OWNER APPROVAL BY (Name), REQUIRED PHONE NUM	BER	PROPERTY OWN	NER SIGNATURE		DATE SIGNED

The above-named organization is hereby licensed, pursuant to the California Business and Professions Code Division 9 and California Code of Regulations, to engage in the temporary sale of alcoholic beverages for consumption at the above named location for the period authorized above. This license does not include off-sale ("to-go") privileges.

Cerusa

ABC EMPLOYEE SIGNATURE

LAW ENFORCEMENT SIGNATURE

This license may be revoked summarily by the Department if, in the opinion of the Department and/or the local law enforcement agency, it is necessary to protect the safety, welfare, health, peace and morals of the people of the State.

PHONE NUMBER

Yogu Kanthiah

LAW ENFORCEMENT APPROVAL BY (Name), IF APPLICABLE

38237

CIVITIEAREZ.

DISTRICT OFFICE APPROVAL BY (Name)